

# WASHINGTON NORTHEAST SUPERVISORY UNION FLEX DAY DOCUMENTATION OF HOURS

PLEASE COMPLETE THIS FORM AT LEAST ONE WEEK PRIOR TO THE DATE OF THE  
EVENT

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ACTIVITY NAME:

ACTIVITY DATE:

ACTIVITY TIME: (EX 5PM-7PM - 2 HOURS TOTAL)

BRIEF DESCRIPTION OF ACTIVITY:

Staff Signature \_\_\_\_\_

Administrator Approval \_\_\_\_\_

Administrator Comment: